THE THE THE STATE OF THE STATE designation that the state of t Walyons than and the Papervork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number. nco grando A. A. A. A. A. A. A. A. Const. Com. P. Substitute for Form PTO-875 CLAIMS AS FILED - PART I (Column 1) (Column 2) **EMALL ENTITY** OTHER THAN FOR SMALL ENTITY NUMBER FILED NUMBER EXTRA BASIC FEE RATE (37 CFR 1.16(a)) FEE RATE TOTAL CLAIMS (37 CFR 1.16(c)) FEE OR minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR minus 3 . MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1.16(d)) 'If the difference in column 1 is less than zero, enter "0" in column 2. OR . TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1). (Column 2) (Column 3) SMALL.ENTITY. OTHER THAN OR CLAIMS HIGHEST SMALL ENTITY REMAINING HUMBER WE KENT AFTER *ADO# PREVIOUSLY **EXTRA** MENDMENT PAID FOR TIONAL FEE ADOI-Total (37 CFR 1.16(cf) ENDM Minus TIONAL Inde pendent (37 CFR 1,16(b)) FEE Minus x , 50 OR x s/00= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) x =200. OR -+,360 OR TOTAL ADD'L FEE TOTAL ADD'L FEE (Column 1) (Column 2) (Column 3) T AIMS HICHEST, NUMBER PRESENT. RATE AFTER F PREVIOUSLY ADDI-EXTRA MENDMENT RATE TIONAL ADDI-.PAID FOR. ENDM (D) CFR 1.16(c)) TIONAL Minus Independent (37 CFR 1.16(b)) Minus OR FIRST, PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37-CFR 4.16(d)) ----OR s. wer read ΌŘ TOTAL

A		(Column 1)	T	(Column 2)	_(Çobimn_3)	
AMENDMENT !	T 1	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
â	total		Minus	44	=:	
W.	Independent (37 CFR 1.16(6))		Minus	444		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					

	Ţ	1	Ti. Links		
RATE	ADDI- TIONAL 1FEE		RATE	ADDI- TIONAL	
X \$c		OR .	X \$ " =	FEE	
X \$=		OR	X \$=		
+s' =		OR	+: =		
ADD'L FEE		OR	TOTAL ADD'L FEE		

OR

TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (No THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Highest-Number Previously Paid For Total or Independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including patheding, prepading, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any commence on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE